

OFFICE of VITAL STATISTICS  
CERTIFIED COPY

2011 025689

LOCAL FILE NO.

110185 FLORIDA CERTIFICATE OF DEATH

1. DECEDENT'S NAME (First, Middle, Last, Suffix) MARLYN JANE KENNY							2. SEX Female
3. DATE OF BIRTH (Month, Day, Year) August 13, 1922		4a. AGE-Last Birthday (Years) 88	4b. UNDER 1 YEAR Months	4c. UNDER 1 DAY Days	4d. UNDER 1 DAY Hours	4e. UNDER 1 DAY Minutes	5. DATE OF DEATH (Month, Day, Year) February 11, 2011
6. SOCIAL SECURITY NUMBER 290-14-2981		7. BIRTHPLACE (City and State or Foreign Country) Cincinnati, Ohio			8. COUNTY OF DEATH Highlands		
9. PLACE OF DEATH (Check only one) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Deed on Arrival NON-HOSPITAL: <input type="checkbox"/> Hospice Facility <input checked="" type="checkbox"/> Nursing Home/Long Term Care Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)							
10. FACILITY NAME (If not institution, give street address) Sebring Senior Care, LLC				11a. CITY, TOWN, OR LOCATION OF DEATH Sebring		11b. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
12. MARITAL STATUS (Specify) <input type="checkbox"/> Married <input type="checkbox"/> Married, but Separated <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married				13. SURVIVING SPOUSE'S NAME (If wife, give maiden name)			
14a. RESIDENCE - STATE Florida		14b. COUNTY Volusia		14c. CITY, TOWN, OR LOCATION DeBary		14d. STREET ADDRESS 188 DeBary Drive	
14e. APT. NO.		14f. ZIP CODE 32713		14g. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		15a. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life.) Do not use "Retired" Private Duty Home Companion	
15b. KIND OF BUSINESS/INDUSTRY In-home Health Care		16. DECEDENT'S RACE (Specify the race/races to indicate what decedent considered himself/herself to be. More than one race may be specified.) <input checked="" type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native (Specify tribe) <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify) <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Isl. (Specify) <input type="checkbox"/> Other (Specify)					
17. DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify if decedent was of Hispanic or Haitian Origin.) <input type="checkbox"/> Yes (If Yes, specify) <input checked="" type="checkbox"/> No <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Central/South American <input type="checkbox"/> Other Hispanic (Specify) <input type="checkbox"/> Haitian							
18. DECEDENT'S EDUCATION (Specify the decedent's highest degree or level of school completed at time of death.) <input type="checkbox"/> 8th or less <input type="checkbox"/> High school but no diploma <input type="checkbox"/> High school diploma or GED <input checked="" type="checkbox"/> College but no degree <input type="checkbox"/> College degree (Specify): <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate						19. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
20. FATHER'S NAME (First, Middle, Last, Suffix) William Robert Beebe				21. MOTHER'S NAME (First, Middle, Maiden Surname) Theresa Nellie Weigel			
22a. INFORMANT'S NAME Kathy Roberts				22b. RELATIONSHIP TO DECEDENT Daughter		23a. INFORMANT'S MAILING - STATE FL	
23b. CITY OR TOWN Deltona		23c. STREET ADDRESS 741 Hager St.		23d. ZIP CODE 32725		24. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Abacos Crematorium LLC	
25a. LOCATION - STATE Florida		25b. LOCATION - CITY OR TOWN New Smyrna Beach		26a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Entombment <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify)			
26b. IF CREMATION, DONATION OR BURIAL AT SEA, WAS MEDICAL EXAMINER APPROVAL GRANTED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27a. LICENSE NUMBER (of Licensee) F044592		27b. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH 			
28. NAME OF FUNERAL FACILITY Alavon Direct Cremation Service						29a. FACILITY'S MAILING - STATE Florida	
29b. CITY OR TOWN South Daytona		29c. STREET ADDRESS 661 Beville Rd. #110		29d. ZIP CODE 32119		30. CERTIFIER: <input checked="" type="checkbox"/> Certifying Physician - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated. (Check one) <input type="checkbox"/> Medical Examiner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place, due to the cause(s) and manner stated.	
31a. (Signature and Title of Certifier) 		31b. DATE SIGNED (mm/dd/yyyy) 02/15/2011		32. TIME OF DEATH (24 hr.) 0115		33. MEDICAL EXAMINER'S CASE NUMBER	
34a. LICENSE NUMBER (of Certifier) ME44448		34b. CERTIFIER'S NAME Dr. Lucy Ward Ertenberg, MD		35. NAME OF ATTENDING PHYSICIAN (If other than Certifier)			
36a. CERTIFIER'S - STATE Florida		36b. CITY OR TOWN Winter Haven		36c. STREET ADDRESS 2590 Havendale Blvd.		36d. ZIP CODE 33881	
37. SUBREGISTRAR - Signature and Date 		38a. LOCAL REGISTRAR - Signature 		38b. DATE FILED BY REGISTRAR (Mo., Day, Yr.) March 1, 2011			

C. Neach Grijj, State Registrar

Date Issued: February 3, 2012

REQ: 2012416909



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CERTIFICATION OF VITAL RECORD



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